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Rita Perrotti (Pro-Se)
(Plaintiff)

v.

Michael O. Leavitt, Secretary of the United States
Department of Health and Human Services
(Defendant)

Civil Action: H0510126RGS
Hic # 016-26-9997 A
Docket # 999-26-0742

Response TO The Defendant Opposition TO the Motion
For Reconsideration.

The Plaintiff (Rita Perrotti) is hereby responding to the defendant's opposition to the motion for reconsideration.

Based upon the information that was previously submitted I do believe that I have just cause for excusable neglect. Point of information, with the exception of the above excusable neglect, I have responded in an appropriate and timely manner to

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all matters that have been sent to me. I also have enclosed copies of the certified return registered mail receipts from 11/25/05, which would disprove the defendant's first accusation. I also have copies of all pages of the motion for reconsideration that was sent to the judge as well as the defendant.

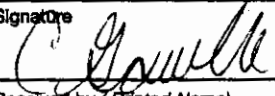
The second point is the information obtained from the Medicare Handbook. According to the defendant, information in the Medicare Handbook are not regulations, and do not have the force of law. Again, I need to disagree with the defendant. It states on the front cover, "This is the official government handbook" If it is not giving official information, the defendant's

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are misleading the senior population. Again according to the handbook (in the Medicare covered items and services, section 12), no where is it stated that transportation and total care must be limited to or only to the closest facility. It also states "medical necessity" which has been proven according to the 3 physician's documentation including the physicians with whom Dr. Eppolito discussed the necessary transfer with. If there are any questions that might need to be answered by the above physicians, they are available if needed to confirm this information.

In conclusion, I am requesting the Court to grant the motion for reconsideration

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Christopher Alberto Assistant U.S. Attorney United States Courthouse Suite 9200 1 Courthouse Way Boston, Mass. 02210</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>	
<p>2. Article Number (Transfer from service) 7005 1820 0004 3188 5037</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt 102595-02-M-1540</p>	

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<p>1. Article Addressed to: United States District Court Office of The Clerk John Joseph Meaklen Courthouse 1 Courthouse Way 02210 Suite 2300, Boston, Mass</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery 1/25/05</p>	
<p>2. Article Number (Transfer from service label) 7005 1820 0004 3188 5044</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt 102595-02-M-1540</p>	